



STATE OF MISSOURI
DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
DIVISION OF CAREER EDUCATION
P.O. Box 480, Jefferson City, Missouri 65102-0480
Phone: (573) 751-3500 • Fax: (573) 526-4261

Protégé Application for Participation in Career Education Mentoring Program

PLEASE RETURN COMPLETED FORM TO THE COORDINATOR OF CAREER EDUCATION AT THE ABOVE ADDRESS.

TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT (Last, First, MI)		*SOCIAL SECURITY NO.	
HOME STREET ADDRESS		HOME PHONE NO.	
CITY	STATE	ZIP CODE	
E-MAIL ADDRESS			
SCHOOL NAME		COUNTY/DISTRICT CODE	
TEACHING ASSIGNMENT FOR THE UPCOMING SCHOOL YEAR			
<input type="checkbox"/> Agricultural Education <input type="checkbox"/> Family and Consumer Sciences <input type="checkbox"/> Technology Education			
<input type="checkbox"/> Business Education <input type="checkbox"/> Health Sciences Education <input type="checkbox"/> Counselor 9-12			
<input type="checkbox"/> Cooperative Education <input type="checkbox"/> Marketing Education <input type="checkbox"/> Counselor K-12			
<input type="checkbox"/> Occupational Family and Consumer Sciences (<i>specify program area</i>) _____			
<input type="checkbox"/> Trade and Industrial Education (<i>specify program area</i>) _____			
STUDENT ORGANIZATION ASSIGNMENTS FOR THE UPCOMING SCHOOL YEAR		SPECIFY COURSES TO BE TAUGHT	
ARE YOU: <input type="checkbox"/> First-year educator			
<input type="checkbox"/> Experienced educator teaching in a program area for the first time			
<input type="checkbox"/> Returning educator in a program area after absence of five years or more			
<input type="checkbox"/> Returning educator teaching in a new program area after absence of five years or more			

PROTEGE COMMITMENT

By signing this application, I commit to actively participate in the mentoring program by communicating regularly with my mentor, attending all required meetings, and making a visit to the mentor's school or having the mentor visit my school.

SIGNATURE OF APPLICANT	DATE
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* View the Social Security Disclosure Notice

TO BE COMPLETED BY SCHOOL DISTRICT

The school district will provide support for the above applicant to participate in the Mentoring Program.

NAME OF ADMINISTRATOR MAKING COMMITMENT (Please print)	
SIGNATURE OF ADMINISTRATOR	DATE
TITLE	